MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(82-d)

07853

Reg. Dist. No. 78

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Westfield Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Carroll.

City or town: Westfield Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. D. Westminster, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George W. Bowers

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name ~~of husband~~ or wife: Gertrude Bowers

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1858

8. AGE:

Years	Months	Days	If less than one day
80	11	0	____ hrs. ____ min.

9. Birthplace: Carroll Co. Maryland. (Town, county, and state)

10. Usual occupation: Retired Farmer.

11. Industry or business

FATHER

12. Name: Conrad Bowers

13. Birthplace: Germany

MOTHER

14. Maiden name: Sarah Waltge

15. Birthplace: Maryland.

16. Informant: Mrs. Gertrude Bowers,

Address: R. D. Westminster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 23, 1939 (month) (day) (year)

Cemetery or crematory: Fayetteville M. E.

Location: Fayetteville, Md.

18. Funeral director: C. M. Walsh

Address: Winfield Md

19. Aug 22 1939 (Date rec'd by registrar) C. M. Farver Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 21, 1939, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19th 1939, to Aug 21st 1939, and that I last saw him alive on Aug 21st 1939.

Immediate cause of death	DURATION
(a) Bronco Pneumonia	4 days
Due to	
Due to	
Other conditions: Paralysis left side	2 days

This death did not involve cerebral hemorrhage.

(Include pregnancy within 3 months of death) C.M.F.

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. L. Straley M. D. or other

Address: New Windsor Date signed: Aug 22nd

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07854

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll.
City or town Sykesville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital.
Stay in hospital of inst. (yrs., or mos., or days) 5 mos., 12 days.
Stay in this community (yrs., or mos., or days) Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Washington.
City or town Rural. Near Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
~~Street No.~~ Security Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Cartner.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White.	Widowed.

6 (b) Name of husband or wife Unknown.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE:

Years	Months	Days	If less than one day
72.			____ hrs. ____ min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Farmer + laborer in
11. Industry or business paper-mill.
FATHER 12. Name Unknown.
13. Birthplace Unknown.
MOTHER 14. Maiden name Unknown.
15. Birthplace Unknown.
16. Informant Springfield Hospital Records.
Address Sykesville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 24, 1939 (month) (day) (year)
Cemetery or crematory Mercersburg Pa
Location Mercersburg, Pa.
18. Funeral director Scott F. Minnich + Son
Address Hagerstown Md.
19. 8-22-39 (Date rec'd by registrar) Harry Baer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21, 1939, at 5:45 p. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1939, to Aug. 21, 1939, and that I last saw h int alive on Aug. 21, 1939.

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	prior to 2-9-39.
Due to	
Due to	
Other conditions Myocardial Degeneration.	prior to 2-9-39.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harry F. Baer, M.D.,
M. D. or other
Address Sykesville, Md. Date signed 2-21-39.

RECEIVED
SEP 4 1939
BUREAU V. S.

07855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
County Carroll
City or town Manchester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Beckleysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter M Carr

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name ~~of husband or~~ wife Martha N. Carr
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) Dec. 5th 1871
8. AGE: Years 67 Months 7 Days 28 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Carr
13. Birthplace Maryland
MOTHER
14. Maiden name Rachel Famous
15. Birthplace Maryland
16. Informant E. L. Carr
Address Manchester Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-5-39 (month) (day) (year)
Cemetery ~~or crematory~~ Beckleysville
Location Baltimore Co., Md
18. Funeral director Jacob Wink's Sons
Address Manchester Md
19. Aug. 4 1939 Mrs. W. R. S. Denner (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1939, at 6a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Viewed body after 19 ___, and that I last saw h alive on Death. 19 ___
Immediate cause of death Cerebral Hemmorhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D M Resh M. D. M. D. or other
Address Hampstead Md Date signed Aug 4th 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

07856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-C

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: E. Green St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Virginia Cooper

3. (b) Social Security Number

4. Sex female

5. Color or race colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 68 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Manchester Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Benjamin Cooper
13. Birthplace Manchester Md.

MOTHER
14. Maiden name Rose Cooper
15. Birthplace Carroll Co.

16. Informant Mrs. Esther K. Brown
Address Westminster, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 8 4 39
(month) (day) (year)

Cemetery or crematory Ellsworth Cem

Location Westminster Md.

18. Funeral director J. E. Myers Jr.
Address Westminster

19. 8/2 1939 F. C. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1939, at 7:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1939, to Aug 1 1939, and that I last saw her alive on Aug 1 1939.

Immediate cause of death Myocardial degeneration & decompensation

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Glenn Speicher
M. D. or other

Address Westminster Md Date signed Aug 2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07857

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Henryton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch,

Stay in hospital or inst. (yrs., or mos., or days) 9 Mo. 23 days (Above)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Annapolis Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 34 Fleet St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Emory Dennis

3. (b) Social Security Number ---

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

8 (b) Name of husband or wife ---

-- 6(c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1918

8. AGE: Years	Months	Days	If less than one day
21	5	20	hrs. min.

9. Birthplace Annapolis, A. A. Co., Md. (Town, county, and state)

10. Usual occupation Scholar

11. Industry or business Unknown

FATHER
12. Name Charles Dennis, Jr.
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden name Eva Johnson
15. Birthplace Annapolis, Md.

16. Informant Dr. Reuben Hoffman

Address Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-7-1939 (month) (day) (year)

Cemetery or crematory Brewer Hill

Location Annapolis Md

18. Funeral director S W Wise & Son

Address 638 N. Eagleton St

19. 8/3/39 (Date rec'd by registrar) 19 Albert R Swankhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1939 10:25 P.M. 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10, 1938 19 , to Aug. 3, 1939 and that I last saw him alive on Aug. 3, 1939 19

Immediate cause of death Pulmonary Tuberculosis — DURATION Sept. 1938

Due to --

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---

Of autopsy No Autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of -

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury --- Injured at work? --

23. SIGNATURE Reuben Hoffman, M.D. M. D. or other

Address Henryton, Maryland Date signed 8/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07858

1. PLACE OF DEATH

County Carroll (52) Registration Dist. No. 71

Village or City Uniontown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel C. Dickensheets If U. S. Veteran, specify WAR

(a) Residence: No. Main St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Barns Dickensheets

6. DATE OF BIRTH (month, day, and year) Oct 5 1855

7. AGE Years 83 Months 10 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Bauchmans Valley

FATHER

13. NAME Fredrick Dickensheets

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Myers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs John W. Exler Westminster R D 5

18. BURIAL, CREMATION, OR REMOVAL

Place Uniontown Date Aug 29, 1939

19. UNDERTAKER (Address) D. D. Hartzler & Sons New Windsor Md.

20. FILED Aug 29, 1939 Margaret R. Englar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 27 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939, to Aug 27, 1939

I last saw him alive on Aug 26, 1939; death is said to have occurred on the date stated above, at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epithelioma face & metastases

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Legg M. D.

(Address) Union Bridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importanee:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

07859

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County: Carroll
City or town: nr Mayberry
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 66

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Carroll
City or town: nr. Mayberry Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles J. Foglesong

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of ~~husband or~~ wife: Bertha Foglesong

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 8, 1872

8. AGE:

Years	Months	Days	If less than one day
66	8	8	hrs. min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Arink Foglesong
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Stuerg
15. Birthplace: Md

16. Informant: Bertha Foglesong
Address: Westminster, R. D.

17. Burial (Burial, cremation, or removal (Which?)) Date thereof (Month) (day) (year) Aug 19, 1939

Cemetery or crematory: Silver Run

Location: Silver Run, Md.

18. Funeral director: C. O. Fuss & Son

Address: Taneytown, Md.

19. Aug 19 1939 (Date rec'd by registrar) Margaret R. Englar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 16 1939, at 3 15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 2 1939 to Aug 16 1939, and that I last saw him alive on Aug 16 1939.

Immediate cause of death	DURATION
Chronic nephritis	
Due to	
Due to	
Other conditions: Chronic Endocarditis and Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: R. S. McVaugh M. D.
M. D. or other
Address: Taneytown Date signed Aug.

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07860

Reg. Dist. No. 74

1. PLACE OF DEATH:

County CARROLL

City or town SYKESVILLE (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: SPRINGFIELD STATE HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days) 23 YRS.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MARYLAND County

City or town BALTIMORE Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. ? (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME EDWARD FRITZ

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE.

6 (b) Name of husband or wife

6(c) If e1ive, give age years

7. Birth date of deceased (mo., day, yr.) DECEMBER 10, 1893.

8. AGE:

Years	Months	Days	If less than one day
45	8	19	hrs. min.

9. Birthplace ILLNOIS. (Town, county, and state)

10. Usual occupation ERRAND BOY

11. Industry or business

FATHER 12. Name EDWARD FRITZ

13. Birthplace GERMANY

MOTHER 14. Maiden name AUGUSTA WALLENSTEIN.

15. Birthplace GERMANY.

16. Informant HOSPITAL RECORDS

Address SYKESVILLE, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3, 1939 (month) (day) (year)

Cemetery or crematory Springfield

Location Sykesville Md.

18. Funeral director C. A. Steer

Address Sykesville Md.

19. Sept 2 1939 (Date rec'd by registrar) C. A. Harry Steer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 30 1939, at 6.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 20 1939, to AUGUST 30 1939, and that I last saw h/M alive on AUGUST 30 1939.

	DURATION
Immediate cause of death PULMONARY TUBERCULOSIS	SEPT. 1933
Due to	
Due to	
Other conditions DEMENTIA PRAECOX	SEPT 1916.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Virginia Breyer M. D. or other

Address Sykesville, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

07861

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll Co

City or town Westminster 2nd
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Res

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Carroll

City or town Finksburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Res

3. (a) FULL NAME Julia Arbella Gassman

3. (b) Social Security Number

4. Sex Female

5. Color or race Wht

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or ~~wife~~ C. Ed. Jacky Gassman

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 1st. 1884

8. AGE: Years 55 Months 2 Days 27 If less than one day ____hrs. ____min.

6-1-1884 Age 54 1st

9. Birthplace Co Pleasants, Hamilton & W. Va
(town, county, and state)

10. Usual occupation Housework

11. Industry or business Private Duties Etc

FATHER 12. Name Walter Henry Rausch

13. Birthplace Ravin Co. Va

MOTHER 14. Maiden name Arbella Wm. Melvill

15. Birthplace Pleasants Co Va

16. Informant Edna Russell Miller

Address Rowlesburg, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30th 1939 (month) (day) (year)

Cemetery or crematory Mealey Memorial Park

Location Near Westminster Md

18. Funeral director John E. Myers Jr.

Address Westminster Md

19. 8/31 1939 H. Elwood Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30th 1939, at 4:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19th 1939, to Aug 27th 1939, and that I last saw h-r alive on Aug 27th 1939.

Immediate cause of death Acute Nephritis — DURATION 2 wks

Due to Chronic Myocarditis — 2 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE I. Frank Miller M. D. or other

Address Rowlesburg Date signed Aug 31st 39

RECEIVED
SEP 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-a

07862

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll.
City or town: Sykesville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital.
Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 1 mo., 23 days.
Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Maryland. County:
City or town: Baltimore, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 205 North Caroline.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry Goodman.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White.	Married.

6 (b) Name of ~~husband~~ wife: Sarah Rosenberger,
6(c) If alive, give age: 36, years

7. Birth date of deceased (mo., day, yr.): Nov. 28, 1899.

8. AGE: Years: 39. Months: 8. Days: 16. If less than one day: ____ hrs. ____ min.

9. Birthplace: Russia. (Town, county, and state)

10. Usual occupation: Taxi-cab driver.

11. Industry or business:

FATHER
12. Name: Morris Goodman.
13. Birthplace: Russia.

MOTHER
14. Maiden name: Sarah Liberman.
15. Birthplace: Russia.

16. Informant: Springfield Hospital Records
Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-15-39 (month) (day) (year)
Cemetery or crematory: Mt. Carmel
Location: O'Donnell St.

18. Funeral director: Jack Lewis Inc.
Address: 1439 E. Baltimore St.

19. 8/15/1939 (Date rec'd by registrar) Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14, 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19, 1939, to Aug. 14, 1939.
and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute Broncho-Pneumonia	8-11-39.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harry F. Baer, M.D.,
M. D. or other
Address: Sykesville, Md. Date signed 8-14-39.

RECEIVED
AUG 23 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(180)

07863

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Sykesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Johnsville

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) All 57 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Sykesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Johnsville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Zebedee Gosnell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Ella P Lubaltow Gosnell

6(c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
57			____ hrs. ____ min.

9. Birthplace Sykesville (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER

12. Name John Philip Gosnell

13. Birthplace Maryland

MOTHER

14. Maiden name Parrina Hall

15. Birthplace Maryland

16. Informant Armfield Gosnell

Address Sykesville Md

17. Burial (Burial, cremation, or removal. Which) Date thereof Aug. 7 1939 (month) (day) (year)

Cemetery or crematory Johnsville Cem.

Location Johnsville Md.

18. Funeral director C A Shear

Address Sykesville Md.

19. Aug 6 1939 (Date rec'd by registrar) C Nancy Shear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 2a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Cremation	
Due to ~~Fire~~ Burning of Residence	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/6/39

Where did injury occur? Sykesville (City or town) Carroll (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burning of Home Injured at work? No

23. SIGNATURE J. Rhoad M.D. Deputy Medical Examiner M. D. or other

Address Westminster Md Date signed 8/6/39

RECEIVED
SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07864

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County CARROLL (94t) Registration Dist. No. 7 H

Village or City SYKESVILLE No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES WILLIAM GRIFFEE If U. S. Veteran, specify WAR

(a) Residence: No. SYKESVILLE MD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LEVINA SIMPSON GRIFFEE

6. DATE OF BIRTH (month, day, and year) OCT. 1 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RAILROAD WORKER 39 yrs. MAIL CARRIER 20 yrs

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 5 years ago

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) HUNTERSTOWN
(State or country) ADAMS CO. PENNA.

FATHER

13. NAME JAMES GRIFFEE

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME MARY CALLOWAY

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT MRS LEVINA GRIFFEE
(Address) SYKESVILLE

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Cemetery Date Aug 5th, 1939

19. UNDERTAKER C H Steer
(Address) Sykesville Md.

20. FILED Aug 2, 1939 C Nancy Steer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH AUGUST (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on MARCH 20, 1939; death is said to have occurred on the dete steted ebove, at 7.30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
SENILITY	
CORONARY OCCLUSION ?	
Other Contributory Causes of importance:	
HYPERTENSION	
ARTERIOSCLEROSIS -	

Name of operation Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob A. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I saw this patient in March 1939 when he revealed Hypertension BP 190/80, and moderate Arteriosclerosis. On the evening of Aug 2 1939 I was called to see him but found him dead on my arrival.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07865

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Keymar

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Keymar Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Israel Grim

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife –

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4. 1861

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER 12. Name Joseph Grim

13. Birthplace Penna

MOTHER 14. Maiden name Amanda Longsmaid

15. Birthplace Penna.

16. Informant William Grim

Address Union Bridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 12/39 (month) (day) (year)

Cemetery or crematory Beaver Dam

Location near Union Bridge

18. Funeral director D D Hartzler Sons

Address Union Bridge, Md.

19. 8/10/39 (Date rec'd by registrar) Mrs. Rhea S. Dillon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1. 1938, to Aug 7 1939, and that I last saw h alive on Aug 7 1939.

	DURATION
Immediate cause of death	
Chronic Adenitis	
Due to disease of heart	5 yrs.?
Due to Acute dilatation of heart	
Other conditions Dead on Arrival	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roland R Diller M D

M. D. or other

Address Detour Md Date signed 8/10/39

RECEIVED
SEP 4 1939
BUREAU V. S.

07865

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Carroll Registration Dist. No. 81.

Village or City Union Bridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Harris

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25, 39

7. AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wilson Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bessie Ricketts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wilson Harris

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Unionville Chapel Date Aug. 25, 1939

19. UNDERTAKER D. D. Hartzler & Sons

(Address) Union Bridge, Md.

20. FILED Aug. 26, 1939 P. Eichman Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Born Dead, Hydro Cephalas

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Messler M. D.

(Address) Johnsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 16 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07867

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 70

Village or City near Taneytown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Hill - Still born

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col.

5. SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (~~write~~ the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) Aug 13th 1939

7. AGE Years 0 Months 0 Days 0 If LESS then 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) near Taneytown Md

FATHER

13. NAME Theodore Elandis Hill

14. BIRTHPLACE (city or town) (State or country) Taneytown Md

MOTHER

15. MAIDEN NAME Madalene Gertrude Burke

16. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

17. INFORMANT (Address) Theodore Elandis Hill Taneytown Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Cemetery Taneytown Md Date Aug 13th, 1939

19. ~~UNDERTAKER~~ Buried by Father - Theodore Elandis Hill (Address) Taneytown Md

20. FILED Aug 13, 1939 Ethel M Mehring Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Aug 13th, 1939

I last saw him in born dead Aug 13, 1939; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still born at 12:30 P.M. Aug 13th 1939

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Benner M. D.

(Address) Taneytown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
SEP 4 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

07868

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch

Stay in hospital or inst. (yrs., or mos., or days) 4 Mo. 5 days

Stay in this community (yrs., or mos., or days) (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1236 Sharp St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Beatrice Johnson

3. (b) Social Security Number ---

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife ---

--- 6(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1924

8. AGE: Years	Months	Days	If less than one day
15	7	3	___ hrs. ___ min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual occupation Scholar

11. Industry or business ---

FATHER
12. Name Charlie Johnson
13. Birthplace South Carolina

MOTHER
14. Maiden name Mable Kennedy
15. Birthplace South Carolina

16. Informant Dr. Reuben Hoffman

Address Henryton, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof 8/13/39 (month) (day) (year)

Cemetery or crematory Black Rock

Location Chester S C

18. Funeral director Isaiah L Brown & Co

Address 108 W Montgomery St

19. 8/10/39 19 (Date rec'd by registrar) Albert R Swankhaus Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1939 19 4:45 P.M., at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5, 1939 19 to Aug. 10, 1939, and that I last saw her alive on August 10, 1939 19

Immediate cause of death Pulmonary Tuberculosis — DURATION Dec. 1938

Due to ---

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---

Of autopsy No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of --

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury -- Injured at work? --

23. SIGNATURE Reuben Hoffman, M.D. M. D. or other

Address Henryton, Maryland Date signed 8/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
AUG 17 1939
BUREAU V. S.

07869

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Farroll Registration Dist. No. 74

Village or City Sykesville No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 1 mos. 23 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Fannie Kardos If U. S. Veteran, specify WAR Q. A. Co.

(a) Residence: No. 410 Annapolis Blvd Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kardos

6. DATE OF BIRTH (month, day, and year) May 5, 1904

7. AGE Years 35 Months 17 Days 23 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Austria - Hungary

FATHER

13. NAME John Horvath

14. BIRTHPLACE (city or town) Unknown (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Theresa Polcy

16. BIRTHPLACE (city or town) Unknown (State or country) Austria Hungary

17. INFORMANT Hospital Records (Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Aug 14 1939

19. UNDERTAKER F. Crook & Son (Address) 1906 Ashland Ave.

20. FILED Aug 12, 1939 C. Harry Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 11th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to Aug 11, 1939. I last saw her alive on Aug 11, 1939; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

	Date of onset
Tuberculosis of the Lungs	1937

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Maud M. Ross M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 16 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 180 Pennsylvania Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 184 Pennsylvania Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Emma Grace Myers.

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: David Frank Myers

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): April 24, 1885

8. AGE: Years 54 | Months 3 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace: Westminster, Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Romanus Jacob Wantz
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Catherine Snyder
15. Birthplace: Maryland

16. Informant: Carroll J. Myers - Son
Address: 180 Penna. Ave Westminster Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 7 - 1939 (month) (day) (year)

Cemetery or crematory: Kriders Cemetery

Location: Nr. Westminster, Maryland

18. Funeral director: H Bankard & Son

Address: Westminster Maryland

19. 8/6 (Date rec'd by registrar) 19 E. L. Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 1939, at 7 P. M. Prior to

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___,
and that I last saw h — alive on — 19 ___.

Immediate cause of death: Strangulation by hanging — Suicide —

Due to

Due to

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: Aug 4 - 39
Where did injury occur: Westminster (City or town) Carroll (County) Md (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Hanging — Injured at work? No.

23. SIGNATURE: J. T. Marsh. Deputy Medical Examiner M. D. or other
Address: New Windsor Md Date signed: Aug 4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

07871

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Mt. Airy.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Mt. Airy. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Dorsey Norris

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

B (b) Name of husband or wife: Mary Olivia Norris

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1849

8. AGE: Years	Months	Days	If less than one day
89	10	1	hrs. min.

9. Birthplace: Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Lott Norris
13. Birthplace: Maryland

MOTHER 14. Maiden name: ELIZABETH GAITHER
15. Birthplace: Maryland

16. Informant: (Mrs) Merton Pearre
Address: Mt. Airy, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 25/39 (month) (day) (year)
Cemetery ~~or crematory~~: Kingsmen
Location: Unionville Md.

18. Funeral director: C. E. Elgin & Son
Address: Frederick Md.

19. Aug. 23 1939 (Date rec'd by registrar) Thos D Snyder Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 1939, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1933, to Aug. 22 1939, and that I last saw him alive on Aug. 22, 1939.

	DURATION
Immediate cause of death: Pulmonary Oedema	2 da
Due to: Chr. Myocarditis	4 yrs
Due to: Chr. Interstitial Nephritis	4 yrs
Other conditions: Arteio-sclerosis	20 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. Stanley Trail M.D.
M. D. or other
Address: Mt Airy, Md. Date signed 8/22/39

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

07872

CERTIFICATE OF DEATH

Reg. Dist. No. 74

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 10 months 10 days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. F. D. 8
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Clara Priscilla Owens

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife: ---
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 9, 1878

8. AGE:

Years	Months	Days	If less than one day
60	11	13	____ hrs. ____ min.

9. Birthplace: Mylady's Manor, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: ---

FATHER
12. Name: William Owens
13. Birthplace: Baltimore County, Md.

MOTHER
14. Maiden name: Matilda Coumell
15. Birthplace: Baltimore County, Md.

16. Informant: Dr. Reuben Hoffman
Address: Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 24, 1939 (month) (day) (year)
Cemetery or crematory: Mt. Zion
Location: Long Green, Balto. Co., Md
18. Funeral director: London M. Brooks
Address: Sparks, Maryland

19. Aug. 22, 1939 (Date rec'd by registrar) Albert R. Swansbrough Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22, 1939 19____, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 12, 1938 19____ to Aug. 22, 1939 19____, and that I last saw her alive on August 22, 1939 19____.

Immediate cause of death: Coronary Thrombosis — DURATION: ½ Hour

Due to: Pulmonary Tuberculosis

Due to: ---

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: --- Date of: ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ---
Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman M.D.
M. D. or other
Address: Henryton, Md. Date signed: 8/22/39

ECEIVED
SEP 4 1939
BUREAU V. S.

07873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:

County Carroll

City or town Greenmount
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward L Richards

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Estey M Richards

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 2 - 1872

8. AGE: Years 67 Months 5 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business General work

FATHER
12. Name George C Richards
13. Birthplace Maryland

MOTHER
14. Maiden name Alice S Mummaugh
15. Birthplace Maryland

16. Informant Mrs Estey M Richards
Address Hampstead Md

17. Burial Date thereof Aug 18-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hampstead Md

Location Hampstead Md

18. Funeral director Edw C Tipton

Address Hampstead Md

19. Aug. 17 1939 Mildred S. Hughes (deputy) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Cerebral Hemorrhage

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

DURATION —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Jas. T. Marsh Deputy Medical Examiner
M. D. or other

Address New Windsor Md Date signed 8/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07874

1. PLACE OF DEATH (45-B)

County Carroll Registration Dist. No. 75

Village or City Lineboro, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM ADAM POHRBAUGH If U. S. Veteran, specify WAR

(a) Residence: No. Lineboro, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fannie K. Houck

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. (Farmer) Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 7/1939 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jno Pohrbaugh

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Leah Leas

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Henry H. Warner (Address) Lineboro Md

18. BURIAL, CREMATION, OR REMOVAL Place Lineboro, Md Date Aug. 13, 1939

19. UNDERTAKER Geo. Gerstle & Son (Address) Glen Rock, Pa

20. FILED Aug. 17, 1939 Mrs. W. R. S. Denner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to August 10, 1939

last saw h.im alive on August 10, 1939; death is said to have occurred on the date stated above, at 7.30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Jan. 1939

Other **Contributory Causes** of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Schatanoff M. D.

(Address) New Freedom, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

07875

Reg. Dist. No. 74

1. PLACE OF DEATH:
County Carroll
City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, Hospital, or Institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 31 yrs 1 mo. 2 da
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Meta Schlueter

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married.

6 (b) Name of husband or wife Charles Schlueter
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 81 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business none

FATHER
12. Name (Unknown) Schumacher
13. Birthplace Germany

MOTHER
14. Maiden name Caroline Thurmeier
15. Birthplace Germany

16. Informant Hospital Record
Address Sykesville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 21 1939 (month) (day) (year)
Cemetery or crematory Springfield Hosp.
Location Sykesville, Md.

18. Funeral director C. A. Thein
Address Sykesville Md.

19. Aug. 19 1939 (Date rec'd by registrar) C. A. Thein Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1939, at 6.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1939, to Aug 18 1939, and that I last saw h- alive on Aug. 18 1939.

	DURATION
Immediate cause of death Cholecystitis	6 months
Due to	
Due to Cholelithiasis	6 mos
Other conditions Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations / /
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Maud M. Rees M. D.
M. D. or other
Address Sykesville Md. Date signed 8-18-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

07875

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 / 0 / 19

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 190 E. Green
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Elizabeth Shriver

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1870

8. AGE: Years 69 Months 0 Days 19 If less than one day hrs. min.

9. Birthplace Nr. Westminster, Carroll Co. Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name David Kuner Shriver
13. Birthplace Maryland

MOTHER
14. Maiden name Clementine Snader
15. Birthplace Maryland

16. Informant Mary Louise Shriver
Address 190 E. Green St. Westminster Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug. 10 - 1939
(month) (day) (year)

Cemetery or crematory Westminster Cemetery

Location Westminster Maryland

18. Funeral director H Bankard & Son
Address Westminster Maryland

19. 8/9 1939 F. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8th 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1939, to Aug 8 1939, and that I last saw her alive on Aug 7 1939.

Immediate cause of death Arteriosclerosis — DURATION 1936

Due to Sun Stroke — Aug 3 1939

Due to Acute Bright Disease — Aug 5 1939

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas R Foutz M.D.
M. D. or other
Address Westminster Date signed Aug 8 39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T)

RECEIVED
SEP 8 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-B

07877

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:

County Carroll.

City or town Near Hampstead Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town M. Hampstead Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles F. Singer

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Harriett Eugene Singer

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 19 1864

8. AGE: Years 75 Months 1 Days 18. If less than one day ___ hrs. ___ min.

9. Birthplace Frizzelsburg Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Agriculture

FATHER
12. Name John William Singer
13. Birthplace Maryland

MOTHER
14. Maiden name Catherine Sheets.
15. Birthplace Maryland

16. Informant John W. Singer
Address Hampstead, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug 10-1939
(month) (day) (year)

Cemetery or ~~crematory~~ Wesley Methodist

Location Near Hampstead Md

18. Funeral director Edwin C Tipton
Address Hampstead Md

19. Aug 8 1939 Mildred S. Hughes (deputy)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1939, at 10 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 7 1939, and that I last saw him alive on Aug 7 1939.

Immediate cause of death Coronary Occulsion — DURATION 6 hours

Due to Arteriosclerotic Cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Joseph E Bush M.D.
M. D. or other

Address Hampstead Md Date signed 8-7-39

RECEIVED
SEP 2 1939
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

07878

Reg. Dist. No. 74

1. PLACE OF DEATH:
County Carroll
City or town Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 23 yrs., 0 mos., 11days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore City
City or town (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. 815 - 5th St., Highlandtown, (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
John Henry Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 20, 1873

8. AGE:

Years	Months	Days	If less than one day
66	5	18	hrs. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name John H. Smith
13. Birthplace Germany

MOTHER
14. Maiden name Amelia (?)
15. Birthplace Germany

16. Informant Springfield State Hospital,
Address Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 11 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Zion Lutheran
Location Balto. Co.

18. Funeral director F. Lansdale & Sons
Address 7401 Bel Air Rd.

19. Aug 9 1939 (Date rec'd by registrar) C. Harry Steer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th 1939, at 2:55pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27, 1916 to August 8 1939, and that I last saw him alive on August 8 1939

Immediate cause of death

	DURATION
Chronic myocarditis	Since 1925
Chronic nephritis	Since 1925
Due to Senility	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Myocardiale Hypertrophy
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Otto Isaacbeer M. D. or other
Address Drug Dept. of Md. Date signed 8/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 17 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

07879

Reg. Dist. No. 7C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Sykesville, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 26 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1702 W. Fayette Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora Spleen

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1- 1895

8. AGE:

Years	Months	Days	If less than one day
44	5	25	hrs. min.

9. Birthplace Winston-Salem, N.C.
(Town, county, and state)

10. Usual occupation Factory Work

11. Industry or business

FATHER

12. Name Cleveland Spainhour

13. Birthplace Winston-Salem N.C.

MOTHER

14. Maiden name Augusta Desern

15. Birthplace Winston-Salem N.C.

16. Informant Hospital Records

Address Sykesville, Md.

17. Burial Date thereof Aug. 29 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore Md.

18. Funeral director Harry A. Fritzke

Address 4101 Edmondson Ave.

19. Aug. 26 1939 Harry Shern
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1939, at 12:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1939, to August 26 1939, and that I last saw h en alive on August 26 1939.

	DURATION
Immediate cause of death	
General Paralysis of the Insane	12 years - Onset 1927
Due to	
Chronic Myocarditis and	Unknown - June 29 - 1939 -
Due to Myocardial Degeneration	Known - Aug. 26 '39
Other conditions Syphilitic Aortitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes - Syphilitic Aortitis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Virginia Boyer
M. D. or other

Address Sykesville, Md. Date signed

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-C) Reg. Dist. No. 44

CERTIFICATE OF DEATH

07880

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Sykesville, Maryland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Springfield State Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 21 da
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5606 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George W. Stinchcomb

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Cassie Walters

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. **AGE:** Years 85 | Months | Days | If less than one day ____hr. ____min.

about

9. Birthplace Baltimore County
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Charles Stinchcomb

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Reed

15. Birthplace Maryland -

16 (a) Informant Wm. T. Stinchcomb

(b) Address 5606 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) Aug. 3 1939 (Date rec'd by registrar) C. Mary Kean Registrar

MEDICAL CERTIFICATION

20. Date of death August 2 1939, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1939, to August 2 1939, and that I last saw him alive on August 2 1939.

Immediate cause of death	Duration
Due to Bronchopneumonia	July 30 '39
Due to Arteriosclerosis	1937 -
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** M. Virginia Beyer M.D.
M. D. or other
Address Sykesville, Md. Date signed 8-2-39

RECEIVED
AUG 8 1939
BUREAU V

07881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll Co.

City or town Westminster Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 49 Liberty St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 49 Liberty St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edwin E. Stoner

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. Edwin E. Stoner

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.): Nov. 8th. 1859

8. AGE: Years 79 | Months 9 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Retired farmer

11. Industry or business

FATHER
12. Name: William Stoner
13. Birthplace: Frederick Co. Md.

MOTHER
14. Maiden name: Kitty Ellen Parrish
15. Birthplace: Frederick Co. Md.

16. Informant: Mrs. Edwin E. Stoner

Address: 49 Liberty St. Westminster Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 27 '39 (month) (day) (year)

Cemetery or crematory: Stone Chapel

Location: Near Westminster, Carroll Co.

18. Funeral director: J. E. Myers Jr.

Address: Westminster Md.

19. 9/26 (Date rec'd by registrar) 19 39 L. Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1939, at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 (abt.) 1939, to Jan 28, 1939, and that I last saw him alive on (abt.) June 24, 1939.

Immediate cause of death: Chronic myocardial degeneration

Due to: Hypertension

Due to: his age (in part)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Reese Wilkens M. D. or other

Address Westminster Date signed 9/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 8 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07882

CERTIFICATE OF DEATH

(92-a)

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Carroll Co Home.

Stay in hospital or inst. (yrs., or mos., or days) 8-16-39 to

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Carroll

City or town Westminster R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Not a veteran

3. (a) FULL NAME Stout James L.

3. (b) Social Security Number

4. Sex Ml

5. Color or race Wh

6. (a) Single, married, widowed, or divorced sg.

6 (b) Name of husband or wife X

6(c) If alive, give age ____ years

7. Birth date of ~~deceased~~ (mo., day, yr.) Jas. L. Stout 4-13, 1872

8. AGE: Years 67 Months 4 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Macon Co. Ill.
(Town, county, and state)

10. Usual occupation Laborer on farms

11. Industry or business

FATHER
12. Name J. P. Stout
13. Birthplace Pa.

MOTHER
14. Maiden name Margaret A. Reflan
15. Birthplace Pa.

16. Informant James L. Stout (3)
Address Westminster

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/29/1939 (month) (day) (year)

Cemetery or crematory County Home Cemetery

Location Westminster, Md

18. Funeral director J. Francis Reese

Address Westminster, Md.

19. 8 28 1939 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-16- 1939, to 8-27 1939, and that I last saw him alive on 8-26- 1939.

	DURATION
Immediate cause of death Aortic stenosis	unknown
Due to Pulmonary oedema	48 hrs
Due to Cardiac fibrillation	5 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. C. Stout M D
M. D. or other

Address Westminster Md Date signed 8-27 39

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07883

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 18 yrs 2 mo

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince Georges Co

City or town: Bowie Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Carrie Gertrude Taylor

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): June 30 - 1889

8. AGE: Years 50 Months 1 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Prince Georges Co Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at home

FATHER

12. Name: John W Taylor

13. Birthplace: Prince Georges Co Md

MOTHER

14. Maiden name: Annie E. Bunnell

15. Birthplace: Prince Georges Co Md

16. Informant: Harry Taylor

Address: Bowie Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 11, 1939 (month) (day) (year)

Cemetery or crematory: Springfield

Location: Sykesville, Md.

18. Funeral director: C H Weer

Address: Sykesville Md.

19. Aug. 9 1939 (Date rec'd by registrar) C Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8th 1939, at 4-40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Aug 8 1939, and that I last saw her alive on Aug 8 1939.

Immediate cause of death: Cerebral

Due to: Hemorrhage — DURATION: 3 days

Due to: Chronic Myocarditis — ?

Other conditions: Arterio Sclerosis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Myocarditis & ham hemorrhage

Of autopsy: yes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: injured at work?

23. SIGNATURE: M H Gastin M. D. or other

Address: Sykesville Md. Date signed: Aug 8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07884

23

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Maryland Tuberculosis Sanatorium
Colored Branch

Stay in hospital or inst. (yrs., or mos., or days): 3 years 11 Mo.

Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 343 Robert St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Charles Mayhew Thomas

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1913

8. AGE:

Years	Months	Days	If less than one day
25	7	29	---hrs. ---min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Butler

11. Industry or business: Unknown

FATHER
12. Name: John Thomas
13. Birthplace: Middle River, Virginia

MOTHER
14. Maiden name: Emma Rolax
15. Birthplace: Clarksville, Virginia

16. Informant: Dr. Reuben Hoffman

Address: Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug (month) (day) 1939 (year)

Cemetery or crematory: Cemetery.

Location: Mount Auburn Cem.

18. Funeral director: Wm. Samuel J. Hensley.

Address: 578 W Biddle St.

19. Aug. 2, 1939 (Date rec'd by registrar) Albert R. Swankland Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 2, 1939 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2, 1935 to Aug. 2, 1939

and that I last saw h- im alive on Aug. 2, 1939

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Feb. 1935

Due to: ---

Due to: ---

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) --- (County) --- (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman M.D.
M. D. or other

Address: Henryton, Maryland Date signed: 8/2/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107-a)

CERTIFICATE OF DEATH

07885

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Taylorsville (If outside city or town limits, write RURAL, NEAR and give town)

Street address, Hospital, or Institution: Spring field State Hosp

Stay in hospital or Inst. (yrs., or mos., or days) 13 yrs

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Baltimore

City or town 524 N Fulton Ave Ward No. (If outside city or town limits, write RURAL, NEAR and give town)

Street No. Balto (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alice Thompson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 18th - 1878

8. AGE: Years 61 | Months 0 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business not any

FATHER 12. Name James Thompson

13. Birthplace Ireland

MOTHER 14. Maiden name Isabelle Brooks

15. Birthplace Maryland.

16. Informant Mabel Thompson

Address 524 N Fulton Ave Balto

17. Burial Date thereof 8-7-39. (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Greenmount. Balto Md.

18. Funeral director Wm Cook

Address 1217 St Paul St. Balto Md.

19. 8-3-39 19 Harry Weer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3d 1939, at 9-45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Aug 3d 1939, and that I last saw her alive on Aug 3d 1939.

	DURATION
Immediate cause of death	
Broncho-pneumonia	3 days
Due to	
Due to	
Other conditions Epilepsy	40 yrs
Autopsy?	?

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy not any

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE W. J. Gaston M. D. or other

Address Taylorsville Date signed Aug 3d 39

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08363

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Union Bridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kenneth Maurice Wetzel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	S

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1939

8. AGE: Years | Months | Days | If less than one day: 0 hrs. 0 min.

9. Birthplace Union Bridge
(Town, county, and state)

10. Usual occupation

11. Industry or business none

FATHER 12. Name John M. Wetzel

13. Birthplace Carroll Co

MOTHER 14. Maiden name Annie Lenore Davis

15. Birthplace Carroll Co.

16. Informant Annie Lenore Wetzel

Address Union Bridge

17. Aug 15 - 1939 Date thereof
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Back yard

18. Funeral director Father

Address Union Bridge

19. 19
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 19 39 at 11.30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death

Still born

Due to 7 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Hugg
M. D. or other

Address Union Bridge Date signed 10-10-39

Stilb.

RECEIVED
OCT 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

07886

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 1 yr 6 mo
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltio
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 861 Park Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Fannie Winters

3. (b) Social Security Number: ✓

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: ✓
6(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): unknown
8. AGE: Years: 81 Months: Days: If less than one day: hrs. min.
9. Birthplace: Catonsville Maryland (Town, county, and state)
10. Usual occupation: Seamstress
11. Industry or business:
FATHER
12. Name: Abraham Winters
13. Birthplace: Maryland
MOTHER
14. Maiden name: Amanda Evans
15. Birthplace: Penna
16. Informant: Ruth Hummer
Address: Baltimore Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 15 1939 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Fredk Ave Balto
18. Funeral director: Wm. J. Tickner & Sons
Address: North & Pa.
19. Aug 12 1939 (Date rec'd by registrar) C. Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12th 1939, at 11 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28 1938, to Aug 12 1939, and that I last saw her alive on Aug 12 1939.
Immediate cause of death: Coma
Due to: Diabetes Mellitus
Due to: Cardiac Hypertrophy
Other conditions: Arterio Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: no

DURATION: 3 days several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M. H. Gastin M. D. or other
Address: Sykesville Date signed: Aug 12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 25 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07887

CERTIFICATE OF DEATH

Reg. Dist. No. 7x

1. PLACE OF DEATH:
County Carroll
City or town Sykesville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6275 S. Potomac Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louis Woodfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Berta Wilde
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) January 15, 1865

8. AGE:

Years	Months	Days	If less than one day
70	6	29 30	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Oysterman

11. Industry or business

FATHER
12. Name John Woodfield
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Maryland

16. Informant Hospital Records
Address Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 16 1939 (month) (day) (year)
Cemetery or crematory Woodfield
Location Catonsville

18. Funeral director T. A. Hardesty & Son
Address Catonsville Md.

19. Aug 14 1939 (Date rec'd by registrar) A. Nancy Keen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1939, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8 1939, to August 14 1939, and that I last saw him alive on August 13 1939.

	DURATION
Immediate cause of death	
Due to General Arteriosclerosis	1931
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. Virginia Beyer M. D. or other
Address Sykesville, Md. Date signed 8-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1939
BUREAU V. S.